



**TOWN OF LA CONNER
APPLICATION FOR
ACCESSORY USE/INDUSTRIAL ZONE
CLASS I**

File #_____

Date of Application_____

Location of Accessory Use:_____

Tax Parcel Number(s)_____

APPLICANT:

NAME_____

MAILING ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

PHONE_____ EMAIL_____

PROPERTY OWNER:

NAME_____

MAILING ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

PHONE_____ EMAIL_____

TYPE OF ACCESSORY USE:

- On-site Recycling and Treatment of Waste Products
- Temporary Building Incidental to On-site Construction
- Wholesale/Retail Outlet or Showroom for Products Produced On-site
- Employee Cafeteria, Motorized Vending, Auditoriums

PROJECT DESCRIPTION:

Applications will be reviewed and a Certificate of Authorization issued or denied in accordance with the Town of La Conner Uniform Development Code 15.40.030.

Applicant Signature_____ Date_____

Property Owner Signature_____ Date_____

OFFICE USE ONLY

Permit fee paid _____ Date _____

Approved
 Denied Reason for denial_____

Planning Director _____ Date_____